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# INDIAN FOCUS GROUPS ON BIRTH SPACING

## Qualitative Study in India

2003



# **INDIAN FOCUS GROUPS ON BIRTH SPACING**

**Qualitative Study in India**

**(One in a series of five country studies including Bolivia, Egypt,  
Pakistan and Peru)**

**2003**

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## I. INTRODUCTION

The Optimal Birth Spacing Initiative (OBSI) is an activity of the CATALYST Consortium designed to place optimal birth spacing on the global public health agenda by instituting a recommendation for three-to-five year birth intervals at the policy, programmatic and behavioral levels. The objectives of OBSI are: (1) to create consensus among international organizations and program managers on the strong association between birth intervals of three to five years and improved maternal and child health outcomes; (2) to strengthen health services, provider training and community programs with birth spacing programming; and (3) to empower individuals and families to adopt birth spacing behaviors. To collaborate on the Initiative, CATALYST has gathered a group of Birth Spacing Champions as an ongoing working group, including over 30 representatives from USAID, UNICEF, and interested cooperating agencies (CAs), nongovernmental organizations (NGOs), academics and researchers.

CATALYST has collected and commissioned quantitative research on the health impact of optimal birth spacing. This research shows that when births are spaced three to five years apart there are substantially more health benefits for neonates, infants, children and mothers than the previously recommended two-year birth spacing interval. Research findings from North America, Asia, the Middle East/North Africa, Latin America/Caribbean and sub-Saharan Africa have shown the following:

- Short birth intervals are a key risk factor for maternal and perinatal morbidity and mortality. This effect remains when the data are statistically controlled for socio-demographic and biological variables (Conde-Agudelo and Belizan, 2000; Fuentes-Aflick et al., 2002; Zhu et al., 1999; Zhu et al., 2001).
- The lowest perinatal mortality occurs with a 36–47 month birth interval and the fewest miscarriages occur with 24–35 month birth intervals (Rutstein, 2002).
- Women with birth intervals of less than 15 months, have 2.54 times the risk of maternal death compared to women with birth intervals of 27–32 months. Women with long birth intervals (>69 months) have a higher risk for adverse maternal outcomes such as preeclampsia and eclampsia (Conde-Agudelo and Belizan, 2000).
- In Latin America adolescents aged 15–19 comprise 80% of the group with the shortest birth intervals. Adolescents age 16 years are four times more likely to die of pregnancy-related causes compared to mothers aged 20–24 years. Infants of these mothers face an increased risk for low birth weight, small for gestational age and preterm delivery (Conde-Agudelo, 2002).
- There is a substantial demand for birth spacing among young and low-parity women, and a demand among zero-parity women to delay their first births (Jansen et al., 2002).

As part of the OBSI strategy, CATALYST has commissioned qualitative research in order to better understand the many and complex issues that shape reproductive health and spacing behaviors. Focus group studies were conducted in five countries - Bolivia, Peru, India, Pakistan and Egypt. Reports from each country will be available on the CATALYST website with an additional cross-countries analysis to determine commonalities. Findings from the focus groups will provide the foundation for developing optimal birth spacing guidance, counseling materials, and training guidelines and will also foster collaboration between the public, private and NGO sectors.

## **STUDY OBJECTIVES**

The study addressed the following objectives:

- Understand knowledge, attitudes, behaviors and practices with respect to birth spacing
- Determine the factors that motivate birth spacing among those who practice spacing
- Identify barriers to adoption of spacing methods
- Understanding knowledge, attitudes and practices of health personnel and institutional support towards birth-spacing

The study objectives were obtained through qualitative focus groups and mini-group discussions.

## **II. METHODOLOGY**

The study was conducted using focus group discussions (FGDs) and Mini-group discussions (MGDs). Each FGD comprised 8–10 respondents while the MGDs comprised 4–5 respondents each.

### **A. Location**

The research was conducted in peripheral New Delhi and in the peri-urban neighborhood of a small city named Panipat. The term peri-urban is used to describe areas that are in some form of transition from strictly rural to urban. The Peripheral areas covered by the study in New Delhi were Inderpuri in the West and Tikri in the South. A peripheral area was defined as an area lying towards the boundary of a particular city/town.

The purpose behind selecting these areas was to target low-income areas that receive immigrants coming from smaller cities or from rural areas and typically living in conditions with non-availability of running water or electricity and rundown houses. The two Peri-urban areas selected for the study, from the small city of Panipat, are Idgah colony and the Weaver's Colony.

### **B. Respondents**

New Delhi, the capital city of the nation is a bustling metropolis. In the last few years, the city has seen an influx of immigrants from the other states around Delhi. These people have migrated into the city for employment due to the failure of crops or being impoverished landless workers. Due to the lack of housing facilities and the high cost of living in the metropolitan area, these immigrants end up in slums and shanty dwellings.

Our sample was drawn from among these kinds of people. However, these were not the first generation immigrants and hence have been almost completely acculturated to the way of living in the metropolitan area.

The state of Haryana is primarily an agricultural society. Panipat is a small city in this state. Over the years, small-scale industries have mushroomed and developed in the city. This has led to the growth of residential colonies near these industries. The sample for our study comprised people belonging to two such residential colonies.

### C. Age Classification

The target respondents for the study comprised:

- Women aged 17–23 years & 24–30 years, who have two or more children less than 5 years of age and who have practiced birth spacing.
- Women aged 17–23 years & 24–30 years, who have two or more children less than 5 years of age, and who have not practiced spacing.
- Partners/spouses of women aged 17–23 years and 24–30 years who have and have not practiced birth spacing.
- Mothers-in-law of women aged 17–23 years and 24–30 years who have and have not practiced birth spacing.
- Health personnel who provide reproductive health services to women who are either pregnant but have one child or women who have two or more children less than 5 years old.

### D. Sample Plan

A total of 30 FGDs and 4 MGDs were conducted across the centers as follows:

Category	Center	Ages (years)	No. Of Groups	Total
Women spacers	Peri-urban Delhi	17–23	2	8
	Panipat	24–30	2	
		17–23	2	
		24–30	2	
Women non-spacers	Peri-urban Delhi	17–23	2	8
	Panipat	24–30	2	
		17–23	2	
		24–30	2	
Mothers-in-Law of spacers	Peri-urban Delhi	30–60	3	6
	Panipat	30–60		
		30–60	3	
		30–60		
Men - partners of spacers - partners of nonspacers	Peri-urban Delhi	17–23	2	8
	Panipat	24–30	2	
		17–23	2	
		24–30	2	
Health Personnel	Peri-urban Delhi		2	4
	Panipat		2	

## **IV. PRESENTATION OF RESULTS**

### **A. Key Findings**

#### **Birth Spacing Knowledge/Definition**

Stark contrasts exist with regard to the levels of knowledge enjoyed by the spacers in comparison to the nonspacers. While peripherally, the segments across are aware of the importance of spacing, it is at the stage of implementation that differences emerge.

Regardless of their being spacers or nonspacers, the ideal period of spacing has been stated as "2–3 years".

#### **Method of Calculating Spacing**

All the participants were asked a second time, "How long after child birth should a woman wait to become pregnant?" The answers reveal that the decision hinges on the age of the first child. The child should be at such an age that he/she is capable of doing things on his/her own to a large extent and will leave the mother with enough time and energy to devote to the next child.

One aspect common to all participants was that they generally favored longer intervals between pregnancies. A second aspect was the agreement of all groups that it is easier for a woman to calculate when to get pregnant than to calculate when the next child should be born.

#### **Main Factors Contributing to the Adoption of Spacing**

- Personal factors driven primarily by the attitude of the woman to self and spacing.
- Familial and cultural factors that determine the extent of support lent by the family (or the lack of it) to the woman. Given the nature of the Indian society, the influence of the peers and the community is critical.
- Institutional infrastructure provided to the populace has also played a decisive role in adoption of spacing methods.

#### **Key Barriers to Adoption of Spacing**

- Lack of decision-making powers among the women due to the patriarchal structure of the family that gives the man the reins of power.
- Ignorance of methods available and negligent attitude towards the concept of spacing per se that is catapulted either by the negative word of mouth or bad personal experiences.
- Religious prohibitions dictated by certain scriptures have led to believers not subscribing to spacing.
- Fear of social disapproval.

### **Reasons for Spacing**

- Economic
- Health & well being of the woman
- Better quality of life for the child

### **Most Commonly Used Contraceptives**

The most commonly adopted method seems to be the contraceptive pill. Condoms follow and last of them seems to be Copper T. However, there are multitudinous myths that cloud the perceptions about each of these methods and choices are made on the basis of the "least risk" factor.

#### **B. Advantages and Disadvantages of Birth Spacing for the Woman, her Partner, the last Child and the Newborn**

In this section, the findings are presented regarding the beliefs that women, men and health care providers have with respect to the perceived advantages and disadvantages of spacing births more than two years apart.

#### **Advantages For Women**

Given that the housewife is looked upon as the pillar of the Indian family and the onus of child rearing in the Indian context is very much on her, is important for her to be in good health so as to be able to look after her family. Health workers agree on this point.

Discussions with beneficiaries in this study show that the woman herself considers it important for her to be in good health. However, the reasons stated for the need to be healthy vary across age groups.

Across groups women mentioned that pregnancy and childbirth weaken the mother and that spacing allows her body to regain its strength and for her to maintain her health.

The younger women express the need to be in good health so that they can look after the husband and children.

*"...Weak body contracts many diseases and the mother is not able to give attention to herself, husband and the child..."*

*..."Can not be healthy if 2 children born in a year. Will not be able to take care of the children..."*

*(Delhi, 17–23 years)*

The older women across the centers primarily feel the need to look good and be in shape, and next, to be able to look after the family affairs.

*"...More spacing gives her time for personal care..."*

*(Delhi, 24–30 years)*

*"...She can go out anywhere with her one or two children..."*

*"... Mother looks after her diet...no anemia..."*

*(Panipat, 24–30 years)*

This difference could perhaps be explained as a phenomenon that is occurring because the woman is at two different life stages. The younger woman is still caught up in completing her family and hence is tied down by the responsibilities that are at present new to her. In contrast, the older woman has seen family life and child rearing and now feels that she should carry on with her own life and on her own terms.

Across age groups the women in Panipat also mention the inconvenience of looking after small, dependent children at the same time as the primary reason for spacing.

*"...If both children too close together in age it is difficult to manage..."*

*"...Routine is easy - one goes to school and one at home..."*

Contrary to the image of the "uncaring" male "oblivious of the plight of the woman", we observe a concern for the woman's health among the partners of spacers regardless of the age or location, probably the influence of the TV, given the regular campaigns being run on the media about the importance of spacing.

*"...Woman looks good and is not irritable..."*

*"...Not good if one is in her lap and one is taking feed. Better if one is walking and one is feeding. That looks good!"*

*(Delhi)*

It appears that the partners of the beneficiaries are concerned about the health of the woman. The reasons for it being:

- Assuring proper nutrition to the child
- And, care of the family

If the child is breast-fed, the health of the mother seems to be treated with great importance. It is believed that the child is directly affected by the condition of the mother and hence, ensuring that she is in good health becomes very critical.

*"...If the mother is feeding, then, if her health is spoiled by next pregnancy too soon, the child will always be sick..."*

*(Panipat)*

In addition to looking after the children, the woman seems to be the person solely responsible for giving care within the family. Hence, it is stated that her health has a direct impact on the way the family is managed.

Therefore, spacing between children is looked upon as important because only then would the woman be in a state to discharge her duties as a mother and caretaker, thus making the family a strong and healthy unit.

*"...With closer spaced children, mother will have problem managing the household..."*

*(Delhi)*

According to the health workers, in most cases the mother is the primary care giver. Therefore, her health condition has a direct impact on the children in particular and the family as a whole.

Providers said that childbirth is a process that "weakens" the woman and additionally the lactation further weakens her physical condition. Any strain or negligence before the completion of at least 3 years, would:

- Endanger her life
- Lead to the lactating period being reduced
- Thereby, directly affecting the child's nutrition and growth.

In addition to this, a weakened physique would mean that the capacity of the woman to go about the household chores is reduced. This could be a big problem especially in the lower socioeconomic strata since the economic burden placed on family members is shared equally by the male and the female.

Therefore, a gap of 3 years between children is looked upon by providers as being the minimum time needed to recuperate.

*"...Mother will not become anemic if she waits for 3–4 years..."*

*"...She will be therefore healthy....be able to breastfeed..."*

*"...Uterus gets time to get strong again..."*

*(Delhi & Panipat)*

### **Advantages for Men**

The husband seems to be a very important person on the whole. And surprisingly in the lower socioeconomic groups the woman is talking about keeping time aside for the husband. This is in fact seen as being very important.

*"...Better to keep husband happy. He is important in all phases of life. Children and Mother-in-law of no use later..."*

*"...Need to spend time with the husband. He should not feel neglected..."*

### **Advantages for Last Child and Newborn**

Better quality of life for the previous child as well as the newborn is one of the most important reasons that have made women consider spacing important. The women as well as their partners share this concern for spacing. Some of the reasons are:

#### **Last child:**

- Adequate amount of food and nutrition that allows the child to grow
- Adequate amount of attention without the newborn being neglected
- The last child can be taught to understand that the newborn needs attention
- Hence, the older child can be emotionally secure

*"...No sibling rivalry between the spaced children..."*

*"...Elder child old enough and learns to take care of the younger child..."*

*(Panipat)*

#### **Newborn:**

The mother has the time and energy to manage the second child as the first child is away at school

- Therefore, the newborn receives an adequate amount of attention and can be breastfed well

*"...Child's health will be good if spacing is done..."*

*"...[If not spaced], cannot breastfeed two children at the same time properly....so child's health suffers..."*

*(Delhi)*

The health care workers stated that in most cases, if the age gap between the children is not at least 3 years, both children are in a vulnerable position being completely dependent on the mother. Two things could happen. At a physical level, the older child is weaned earlier than required so that the younger child can be breastfed leading to the older child's growth being impaired. At the emotional level, the older child feels his mother's attention is being taken by the newborn. This leads to a feeling of rivalry between siblings.

Where the spacing is 3 years, the older child would no longer be breastfeeding and probably would be attending school/reasonably independent. Having had parental attention would give him a feeling of security and he would be better able to accept and love the younger child

*"...[Older child] can be breastfed for at least 2 ½ years....good..."*

*"...No sibling rivalry if older is old enough to understand and love younger one..."*

*(Panipat)*

*"...Elder child becomes independent, starts going to school..."*

*"...learns that younger one has come for company..."*

*(Delhi)*

According to the health workers, without spacing for at least 3 years, the woman's body is not ready for another pregnancy. In such a situation, the to-be-born does not receive adequate nutritional levels in the womb itself due to an anemic/weak mother.

*"...Child will not be born weak..."*

At birth, the mother may not be able to nurse the child adequately since she would probably be nursing the older child simultaneously. This also means that the newborn is deprived of collustrum, which is perceived to be the most important source of immunization.

*"...If the children are not spaced, the second child might miss taking the first milk after delivery....collustrum..."*

*(Delhi)*

Along with nutritional needs, the newborn also requires undivided attention and love. A mother who gets pregnant in quick succession is not herself, she is stressed and weak. Therefore, her capacity to fulfill the needs of the newborn child is diminished.

Spacing ensures that the mother is in a position to breastfeed the newborn, and to tend to the newborn's nourishment after six months.

*"He will be given full attention."*

*(Panipat)*

The above indicates that the average health worker is aware at a personal level of the appropriate period of spacing and its importance.

### **Advantages for the Family**

Across the groups, there seems to be a growing awareness of the financial implications of having a child. According to them, this starts with the medical expenses at the time of delivery and continues into nutrition and food for the child, clothing and education. Therefore, having children within a short span of one another hinders the participants' ability to fulfill their children's needs.

*"Always need ample money for the safe delivery of the child, if 2<sup>nd</sup> child comes without a gap then that too is a big problem."*

*..."If spaced, less tension....expenses, responsibilities can be spaced..."*

*(Delhi)*

*"...Finances are not pressurized..."*

*"...Savings can happen only if the second child comes after some time..."*

*(Panipat)*

The male counterparts being the breadwinners of the family are more sensitized to this problem of balancing finances between the two births. They see spacing as a boon as it allows them to organize finances and meet all their needs.

*"...Money can be collected for two years and finances brought under control..."*  
(Delhi)

*"...All this needs money. One just can not have kids with out any planning..."*  
(Panipat)

The younger participants in Delhi experienced financial problems involved in short spacing.

*"...Only when you can spend on deliveries should you plan one..."*

*"...Mother needs doctor's attention....medicine during pregnancy. That is expensive..."*  
(Delhi, 16–23 years)

### C. Perceived Advantages of NOT Spacing

In the first section of this report, we have mentioned that the non-spacers too see an advantage in spacing.

For further clarity, when we asked the non-spacers if there were any advantages to nonspacing the following points were cited:

1. **Less "financial burden":** It is stated that non-spacing leads to lesser expenditure in terms of the clothes etc that can be handed down from the older child to the younger one.
2. **Convenience:** According to the non-spacers, it is more convenient to complete the family fast and then go in for permanent methods like sterilization.
3. **Better upbringing for both the children:** Some of the nonspacers are of the opinion that one child provides companionship to the other and at times the older one also takes care of the younger and hence, it is better not to space.

*"Mother has a difficult time rearing kids with less gap. She can use same clothes for both – no need to do all that again."*

*"You can have children together at a time and get operation done."*  
(Panipat, 16–23 years)

*"...Feel can raise two together better..."*  
(Panipat, 24–30 years)

It is stated "children will grow together" and "help each other". Nonspacers try and fight the spacing by negating the statement that if there are too many children and too soon the quality of care would be low. They justify their choices by citing the example of twins being easier to look after more efficiently and simultaneously when compared to spaced children.

*"If there are small children with little gap they (beneficiaries) feel they will keep each other company and she does not have to bother about them."*

*(Panipat)*

*"...[Beneficiaries] mention twins being handled quite well by some women as opposed to spaced out children..."*

*(Delhi)*

#### **D. Attitudes of Women about Spacing**

##### **Spacers**

Across groups, there seems to be a very high awareness of the need for spacing. It is looked upon as one of the most important and critical decisions to be taken in the life of a couple as it has serious financial implications.

The attitude towards spacing is extremely positive. This is revealed through the openness exhibited by the spacers.

*"...Surely spacing must be done..."*

*"There should be a gap of at least 3–4 years between the first and the second child."*

##### **Nonspacers**

Contrary to study expectations, the nonspacers across all the groups feel that children should be spaced out with a gap of about 3 years. Despite not being practitioners, some non-spacing women are sensitized to the benefits of spacing. The health of the woman, the child's well being and good upbringing along with better financial status of the family are some of the reasons that they state in favor of spacing. Even though these are similar reasons to those expressed by spacer, nonspacers do not translate them into action.

*"First child should be born soon after marriage and second after 3–4 years."*

*"...First one should start going to school, then the second should come. Gap of 4–5 years..."*

*(Delhi)*

*"He [husband] is the one who earns money –spaced out births definitely good for him."*

*(Panipat)*

## **E. Actual Birth Spacing Practices**

### **Concept**

There is no single spacing duration that beneficiaries consider "ideal". Some feel that it should be between 2½–3 years whereas the others opine that 4–5 years would be advisable. This is driven by two factors:

- Family support available to the beneficiary and
- Perceptions of the level of independence exhibited by the previous child at any given age.

Those who feel that the child needs to be able to communicate, walk and play on his own, and also have other family members to help out in child rearing at home, prescribe the 3 years spacing. On the other hand those in a nuclear family set up recommend the longer gap (5 years). This may be so as by then the first child is away at school, toilet trained and can fend for himself, can be occupied without needing the mother's attention, giving the mother the time to concentrate on the new born.

*"A three year old is old enough to understand, do some things on his own."*

*(Delhi)*

*"Child should be old enough to walk and talk at the age of three."*

*"...By that time (5 years) first child is going to school..."*

*(Panipat)*

Health workers perceive the ideal period of spacing between children to be 3–4 years.

### **Practices**

It is interesting that most of the spacers in both Delhi and Panipat have maintained a 2–3 year gap between their lastborn and the earlier child. When presented with the idea of a gap of 2 years most felt that this duration was a little short and that a duration of more than 2 years is advisable

While there are beneficiaries who believe in spacing but do not practice it, there are also some who, in spite of the influence exerted by the community health workers, do not see any relevance for spacing. Some of them even tend to reject outright the spacing methods that are being suggested to them. This behavior may be a consequence of the 'misconceptions' that they have about spacing or because they seem not to conceive without the use of any spacing method, hence, they do not feel the need for it.

A few of the non-spacers across both centers appear to be ignorant about the spacing methods. The others, who are aware of the methods of spacing, have their understanding clouded by misconceptions propagated through word of mouth.

*"...If weak people take pills, they get weaker after them..."*

*“...Might get bone cancer with pills...”* (Panipat, 24–30 years)

*“...One can conceive in any case what’s the use...”*

*“...10 days before and 10 days after menstrual cycle safe...”*

*“...Don’t have intercourse for 15–20 days after menstrual cycle...”*

*“...Heard that Copper T and pills retard your conception process for very long...”*  
(Panipat, 17–23 years)

*“...Husbands scare us about the side affects of pills...”*  
(Delhi, 17–23 years)

On the other hand, where some of the beneficiaries are more informed about methods of spacing, they have done nothing to implement the same owing to their own *inertia* or strong cultural and familial influences. Some of them are more in favor of the natural methods of spacing (‘safe days’, ‘abstinence’, control, etc.) after having tried different methods. In most cases it’s the skepticism related to the ill effects of spacing methods that stops them from using these.

*“Copper T causes heavy periods that last for 8–10 days resulting in weakness.”*

*“...Husband doesn’t enjoy with Nirodh (condom)...”*

*“...Pills caused headaches and excessive bleeding...”*  
(Delhi, 24–30 years)

*“We control ourselves or tell the husband to control himself.”*

*“...Mother-in-law made me sleep with her [to avoid contact with husband]...”*  
(Delhi, 17–23 years)

Some of the beneficiaries are made to believe that their reproductive age is for a short span and after this conception is impossible; therefore, the need to complete the family as soon as possible and hence a rejection of spacing methods.

*“...Some women worry about age...therefore they want children fast...”*  
(Delhi)

*“...I will not get pregnant later in age so women cannot wait for more than 2 years...”*  
(Panipat)

According to health workers, a misconception that is prevalent among the beneficiaries is that spacing methods are dangerous and so should be avoided.

*“...Pills cause excessive bleeding and make them fat, so they do not use it...”*

*(Delhi)*

The health workers also mention a few cases in which “natural spacing” works. It has been observed that some women stop having their periods after the first child. This works as a spacing method by default and hence, is another reason for rejection of spacing methods.

This ‘phenomenon’, it’s believed by health personnel, may be a function of malnutrition and anemia in the beneficiary.

*“...They are not delivering even though they are not using anything (spacing method)...”*

*(Delhi)*

### **Spacing by Default**

There are numerous instances where spacing takes place *by default*. Beneficiaries revealed that their menstrual cycle either stops or becomes irregular for 1–2 years after the birth of the first child. This in turn acts as a natural method of spacing, obviating the need to use anything.

*“...Period started after 2 years of child birth...”*

*“...Husband said when gaps happening naturally – why use anything...”*

*“...Menstrual cycle stopped for 1.5 years after earlier delivery...”*

*...“Feeding the first child - no conception...”*

*(Delhi)*

### **F. Couples’ Pregnancy Decision-Making Process**

The decision-making depends on the power and authority enjoyed by the individual. In the metros like Delhi where the woman has succeeded to some extent to exercise her rights and assert herself, the decision-making is shared between the couple. Quite a few beneficiaries mentioned that they initiate discussions on spacing with their spouses while in some instances this is initiated by the husband himself.

In such situations, the role of the members of the husband's extended family (mother-in-law & sister-in-law) is reduced either to being advisors or to not having any say at all, with the couple making their own decisions.

In small cities like Panipat, most of the women state that the decision-making powers are vested in the hands of the husband. Some of the women mention a combined decision-making. In the case of some others, the mother-in-law is at times given so much power that she is almost the sole decision maker.

Even while discussing the topic of spacing with the husband, the language used is very much the every day language and as the spacers mention there is no "special" way in which the topic is broached.

Across non-spacers, with regard to decision-making on family size and spacing, women are not in the lead. The traditional subservience is reflected even in decisions related to spacing. Thus, decision-making is skewed in favor of the man.

*"...Husband main person to decide- can't do anything against his wish..."*

*"...If husband wants children quickly- you have to comply..."*  
(Panipat, 17–23 years)

*"...In-laws and husbands take most important decisions of family..."*  
(Delhi, 17–23 years)

## **G. Most Used Contraceptives**

The methods most used by the participants are:

- Contraceptive pills
- Condoms
- Rhythm
- Copper T
- Abstinence

All of the participants have some opinion about each of these methods, regardless of whether they have tried it or not. While some see an advantage in a certain method, the others discussed at length the ill effects of it.

*There are quite a few misconceptions about the various methods. Copper T is known to be fitted inside the woman's body and is known to be inserted by doctors. While it is believed to suit some women, it also evokes adverse reactions. Some beneficiaries have heard that Copper T either "climbs up" or causes ruptures or hemorrhage of internal organs and heavy bleeding.*

*"...Copper T climbs upwards..."* (Delhi)

*"...Sometimes Copper T breaks - has to be operated for removal..."*

*"...Copper T causes bleeding..."*  
(Panipat)

Pills are easily available and are convenient to use. However, the Pill is believed to cause allergies in some and in other cases hormonal imbalance further causing obesity. Some of the beneficiaries are of the opinion that the pill could cause temporary infertility as well. It is also risky as "if not taken regularly, its effect can be lost resulting in pregnancy."

*"...Pills lead to swelling, one becomes fat and does not suit many women..."*  
(Delhi)

*"...Some times pills can cause temporary infertility..."*  
(Panipat)

Overall, most spacers were using the Pill.

Condoms on the other hand are looked upon as the safest means, but the men do not seem to be too much in favor of it because it reduces pleasure during intercourse.

*"...Can not enjoy with condoms..."*

The products most available to the participants are condoms and oral contraceptive pills. These are either purchased by them from pharmacies or are distributed for free by the health care workers.

## **H. Family/Community Influence**

It is interesting to note that for the first child the participants do not feel the need to use any birth control measure. However, the younger women in West Delhi (Inderpuri) had been persuaded by their mothers-in-law not to adopt any birth control measures before the first child. They have been made to believe that if any contraceptive is used, it may lead to infertility.

*"Normally no spacing or planning should be done for the 1<sup>st</sup> child."*

*"My mother-in-law said that until you do not have the first child do not do any thing...otherwise you will never be able to bear a child."  
(Delhi)*

### **Knowledge Levels Among Mothers-in-Law**

With the mothers-in-law of spacers and non-spacers there seems to be high awareness of the need for spacing. They believe that 3–4 years is the ideal age gap between children. The mothers-in-law state that the biggest advantage of spacing is that the mother is in a fairly good state of health and can look after the needs of the children.

*"The second (child) should be born 4 years later when the first starts going to school."*

*"...That is good for the mother... her body becomes ready for the next one, otherwise she becomes weak..."  
(Delhi)*

Therefore, the mothers-in-law appear to be conscious of the need for spacing and benefits thereof. However, our findings reveal that the mothers-in-law of non-spacers are retarding influences in the adoption of spacing and in case of spacers they are not allowed to have a say.

### **Influence of Mothers-in-Law**

The role of the mother-in-law seems to be influencing whether the daughter-in-law adopts spacing or not. We shall, therefore treat the two segments separately.

#### **Spacers:**

The majority of the mothers-in-law of spacers claimed that their daughters-in-law are educated and hence do not listen to them. Therefore, the control of the elders is stated to be lesser. The mother-in-law has also accepted the fact that she has a son and daughter-in-

law who think and take decisions on their own. As a result, she appears to have accepted their spacing decisions.

*"Nowadays they are all educated so they do [spacing] accordingly."*

*"They are educated they decide themselves, she will ask (doctors) on her own."*

*(Panipat)*

Despite a stated appreciation of the daughter-in-laws decision, there seems to be slight dissonance among the mothers-in-law. This could probably be because of a feeling of losing authority or control.

*"...They should [ask us] because if someone's advice is taken then it can be done in a better way."*

*"...They may be knowing better...they at least think so..."*

*(Delhi)*

The spacers' mothers-in-law seem to be considerably aware of the methods of spacing as well.

Overall, the spacers' mothers-in-law appear to be non-interfering in the adoption of spacing methods. However, this is at a stated level only. If we look at the data provided by spacer daughter-in-laws as well as the health workers, it is clear that the "non-interference" is only a claim and not the truth.

### **Nonspacers:**

There seems to be a marked influence of the mother-in-law in the decision-making process among non-spacers couples. The daughters-in-law and son are not well educated and are easily influenced by family and society at large.

*"My son is not educated then how will my daughter-in-law be [educated]?"*

### **Mothers-in-law Misconceptions about Spacing**

The majority of the non-spacer mothers-in-law seem to have some misconceptions about the spacing methods. They mention fear of their daughters-in-law suffering from some side effects (like excessive bleeding, swelling of the uterus, infertility etc.) that would hinder their ability to conceive.

*"...People have swelling in the uterus. My friend's daughter-in-law...I do not want that so I told my daughter-in-law not to have pills..."*

*(Panipat)*

*"She can finish her work then just operate....why should we risk her health....then she may not have second child only. I have heard this happens if you have pills."*

*"[Condoms] that long thing that people use....I have heard that it causes problem to the man so I stopped my son...he will listen to me only no?"*

*(Delhi)*

### **Family Pressure**

There seems to be a strong influence of the mother-in-law in preventing the adoption of spacing. It is stated that quite often the mother-in-law even stops the health worker from accessing the daughters-in-law. The most important reason behind this is her wish to have a grandson.

The woman is expected to deliver as many times as possible until she finally has a 'son.' Health workers report that the whole process of delivering is quickened and spacing prohibited due to the belief that a woman's reproductive age is for a limited period. After a certain age, she may not conceive and, hence, the rush.

*"...Keep trying to have a boy and give birth in quick successions for this..."*

*"The mother-in-law is the biggest problem....she sometimes does not even let us even see the women in the house."*

*(Delhi)*

This insistence on the part of the mother-in-law may also be due to the larger societal pressure to have a son who will carry on the family tree. The lack of education, when coupled with family pressure, works as a strong barrier to adoption of spacing.

The influence of the in-laws is greater in the case of joint families particularly in Panipat leaving very little or almost no scope for the woman to exercise her choice. In Delhi, however, the hold of the mother-in-law over the spacing decision is comparatively small given the nuclear family structure and the fact that the mother-in-law seems to be better informed than her counterpart in Panipat (owing perhaps to life in the metropolis).

*"Mother-in-law wants children within 1–2 years of marriage."*

*"Mother-in-law said have many kids and then get an operation done when you've had enough."*

*"Mother-in-law might get my husband married again if spacing is long."*

*(Panipat)*

### **Fear of Social Disapproval**

The fear of disapproval is another important reason for non-spacing. The non-spacers face disapproval due to a number of reasons:

- Fear of being called "barren" - After the first child, it is said that if the woman does not conceive soon, the mother-in-law and the community at large perceive the woman to have become barren. This fear leads some of the woman to not space.

The mother-in-law claims that friends and neighbors tend to enquire about the reason behind the daughter-in-law not conceiving almost a year after the first child. It is assumed that she has become infertile, hence the mother-in-law should look out for a new girl for her son.

In case she does not do so, some of the women mention that peers make fun of them saying that she is "ruled by the daughter-in-law".

*"Everyone will say that daughter-in-law is not having children, what is the matter...then you think she should have children."*

(Delhi)

*"She is under her daughter-in-law's thumb."*

(Panipat)

### **"Complete the Family Fast" Syndrome**

Another reason for not allowing the daughter-in-law to space is the perceptions that after a certain age, the daughter-in-law will not be able to conceive. Therefore she is asked to complete the family fast.

*"Some daughters-in-law get problems...then they should have children fast and go for operation."*

(Delhi)

## **I. Role of Churches**

According to the religious scriptures of Islam, there should not be any artificial control exerted on the reproductive cycle. Thus, there is no restriction on the number of children a Muslim family may have. If any control has to happen it should be natural and not enforced by any artificial means is what the Muslim non-spacers have to say.

*"...Can't abort, can't get operations done according to Islam..."*

*"A person who has sterilization done cannot offer Namaz according to Islamic doctrines."*

(Delhi, 17–23 years)

*"No birth control advised in Islam. Allah says, take as many children as you can."*

(Delhi, 24–30 years)

In certain communities such as Muslim ones, where spacing is looked upon as a "bad" practice against the laws of the religion, the women do not space purely out of fear of being made an "outcast"

*"Islam does not allow it, so I will not do it. What will happen to my family?"*

(Delhi, 17–23 years)

Among non-spacers, most belonged to the Hindu religion and in their view the Hindu scriptures neither prescribe nor advise against birth spacing.

## **J. Sources of Information**

The various sources of information fall into the following categories:

- Institutional Sources
- Media
- Peer Groups

The institutional sources include Governmental Health Centers, Government Dispensaries and trained health workers like Auxiliary Nurse Midwives (ANMs), *Anganwadi* (mother and child nurseries) Workers (AWWs) and private medical practitioners.

The media sources are mainly the newspapers (Delhi), the TV and the Radio.

*"...Saw it on TV and when we go for the medicines or for vaccinations then doctors tell us to take care in future...children should not be born soon..."*

(S, Delhi)

*"...[Pills] is shown on TV..."*

(Panipat)

The peer group includes the mothers-in-law, the mothers and sisters of these women, sister-in-laws and neighbors all of who are major influences in their day- to-day lives.

The main source of information regarding spacing and spacing methods is the health care worker and doctor at the governmental level as well as private medical practitioners.

*"Anganwadi worker told us about spacing."*

*"Women who come from the center tell us everything."*

*"When we go to the center the lady doctor tells us that it is good for the mother and child to have gaps between two children."*

*"Anganwadis hold meetings where they tell us about Copper T and Condoms."*

The government health workers affiliated to a particular health center are responsible for education, distribution and conversion of the population in their area to using family planning and spacing methods. This system works through primary health centers in the rural and the D-type centers in the urban area. Primarily targeting women in the reproductive age helps them make in-roads to the community.

These channels seem to be working as sources of information that are trusted by the beneficiaries.

The other sources of information are the private practitioners...who are doctors visited for gynecological reasons and, in the course of the exchange, counsel beneficiaries on spacing and contraceptive methods.

Pharmacies./chemist shops are not a source of information about spacing. Packaging of contraceptives does not carry advice or instructions on spacing hence are not a source of information about it.

Peers and close relatives are also a source of information and advice on spacing.

*"...Sometimes sit down and talk about spacing among the friends..."*

*..."Listen to sisters-in-law while on the subject of spacing..."*

## **K. Conclusion**

The majority of the women, men, mothers-in-law and providers agreed that it is easier to space by knowing when to get pregnant after the birth of the last child rather than trying to calculate when the next child should be born.

Other major findings were that the majority of participants had a positive attitude towards spacing three or more years and saw the advantages for the mother's health, for the new born, for the partner, for the next to be born and for the family economy.

However, in practice women have little or no participation in deciding when to get pregnant or when to have sex. This is mostly considered to be the man's right to decide, as well as whether she does or does not use a contraceptive method.

The woman is pressured by custom, by family (mothers-in-law) and community, and by tradition to bear a child as soon as she marries (regardless of age) to prove her fecundity and the partner's fertility. If the first born is not a male, the pressure is intense to get pregnant again as soon as possible in order to have a son.

Providers are not always precise when explaining contraceptive methods, the potential effects and how to deal with them.

Religion forbids the use of contraceptives, but supports the concept of birth spacing.

Sources of information regarding birth spacing that are considered reliable include doctors, nurses, community health workers and television, but not pharmacies.

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